

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	HIGH PRESSURE PLUNGER PUMP
Attorney Docket Number::	
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	ITALY
Status::	Full Capacity
Given Name::	Fabrizio
Middle Name::	

Family Name:: FABBRI
Name Suffix::
City of Residence:: MODENA
State or Province of Residence:: MODENA
Country of Residence:: ITALY
Street of Mailing Address:: 47 Via Zurlini
City of Mailing Address:: MODENA
State or Province of Mailing Address:: MODENA
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-41100
Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
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Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

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Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	RE2003A000019	02-19-03	Yes

Assignment Information

Assignee Name::	ANNOVI REVERBERI S.P.A.
Street of Mailing Address::	3, Via Martin Luther King
City of Mailing Address::	MODENA
State or Province of Mailing Address::	MODENA
Country of Mailing Address::	ITALY
Postal or Zip Code of Mailing Address::	I-41100